

## Town of Greenwich Dept. of Public Works Waste Disposal Division Owner Verification Form

	Name of <b>Greenwich</b> Resident or Property Owner				_
	-	Street A	Address of <b>Greenwich</b> Resident or Pro	operty Owner	_
	-	City	State	Zip Code	_
	_	Telephone Number	of Resident during Holly Hill Facility	Hours (M-F 7-2:30; Sat 7-12)	
Date:					
_	Today's Date				
To: V	Weigh Master, De	ept of Public Wo	rks:		
			Holly Hill Facility of Greenwich property C		deliver the following s/She will deliver the or write-in, below.
Yard W	Vaste/Logs/Leaves	Construction	Debris	Other	
			peing delivered to the Circle one or wri	-	from my above listed
	number of cubic ya	ards OT <fills td="" th<=""><td>ne bed of one pick-up truck</td><td>or fills the be</td><td>ed of one pick-up truck</td></fills>	ne bed of one pick-up truck	or fills the be	ed of one pick-up truck
or	> fills the bed of o	one pick-up truck	OrBest describes	the volume of materia	l being delivered
I underst	and that I am res	sponsible for the	material my agent deli	ivers to the Holly H	Hill Facility.
					s with construction debris, s separated from trash, etc,
I underst	and there may b	e a charge for my	material which must	be paid at the time	of delivery.
			cross the scale and p		al letter, signed by me (the oad delivered.

Signature of Greenwich Resident or Property Owner

Date